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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR MOTOR
CARRIER PROPERTY TAX**

PT-442
(Rev. 11/29/07)
7070

Telephone: (803) 898-5222

Mail to: South Carolina Department of Revenue
License and Registration
Columbia, South Carolina 29214-0140

For Office Use

SID No. _____

File No. _____

FEI _____

SSN _____

1. Name of Owner/Corporation _____

2. Business Name _____

Please Print or Type

3. Physical Location (no post office box) _____
Street No. - RFD City County State Zip Code

4. Mailing Address _____
Street No. - RFD, Post Office Box City County State Zip Code

5. Open Date at this Location _____

6. Telephone _____

7. No. of Locations _____

8. Type Of Ownership

☐ Sole Proprietor

☐ LLC/LLP

☐ Partnership

☐ Unincorporated Association; Enter Legal Name _____

☐ Corporation; Enter Charter Name _____

☐ Other; Explain _____

9. Names of Business Owner, Partners or Officers:

Name/Title	Social Security No.	Address	If Partner, Percent Owned
1.			
2.			
3.			
4.			

10. We have physical locations (real property owned or leased) in the following counties: _____

I declare that the application, including the accompanying schedules, if any, has been examined by me and to the best of my knowledge and belief the information contained therein is true and correct.

SIGNATURE OWNER, PARTNERS OR CORPORATE OFFICER _____

TITLE _____

DATE _____

The statutes covering the Motor Carrier Property Tax are Code Sections 12-37-2810 through 2880.

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

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